

State of Illinois
Department Of Children and Family Services

SPECIAL NEEDS ALLOWANCE UTILIZATION FORM

INSTRUCTIONS: Complete this form prior to each ACR to document the services and purchases the foster parent spent using the Special Needs Allowance and forward to: Children’s Account Unit, 406 East Monroe Street, Station 410, Springfield, IL 62701 and retain one copy for the Child’s Case File.

PERIOD OF RECEIPT OF SPECIAL NEEDS ALLOWANCE: _____ **TO** _____

Child Name: _____ **I.D. No.** _____

Provider Name: _____ **Provider No.** _____

I have verified the SSI Special Needs Allowance provided to the Foster Parent has been used to provide the following services or purchases:

_____ ID _____ Date ____/____/____ / /
Caseworker (Required) RG SI FD

_____ ID _____ Date ____/____/____ / /
Supervisor (Required) RG SI FD

cc: Original to Children’s Accounts Unit
Child’s Case File